

Office of Administration
Commissioner's Office

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: **Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name [REDACTED] *Date Enrolled* 10-18-16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6-21-17	Car Insurance monthly premium for July 2017	\$209.80	[REDACTED] has been an A2A client since 10-18-16. She is following through with appointments and classes. [REDACTED] is recently unemployed and delivered her baby in May by C-section so has been unable to work. She is currently uninsured and needs a legal car to look for work as well as to get to classes and necessary appointments. There are no other resources available to assist with this expense.
Amt to be reimbursed		\$209.80	

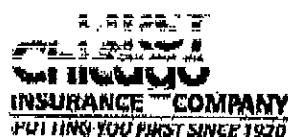
The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Authorized person requesting purchase: Janet Doss

Alliance for Life Program Manager: Carrie J. Fletcher

Purchase is Approved Denied A2A Signature _____ Date _____

Reason for denying purchase: _____

**Policy Holder:**

[REDACTED]

Producer:

THE INSURANCE HOUSE, LLC.
2603 B N KANSAS EXPRESSWAY
SPRINGFIELD, MO 65803
(417) 637-0100

05/12/2017

Dear [REDACTED]

First Chicago Insurance Company and The Insurance House, LLC. would like to take this opportunity to thank you for your business. Choosing an Insurance Company is an important decision. We know you will be pleased with your decision to purchase a policy from a Producer and Company that value you as a customer, and are dedicated to keeping you as a customer for years to come.

Enclosed with this letter you will find the following important documents:

1. Your Insurance identification card, to be carried in your vehicle at all times.
2. Your policy declarations page for your records.
3. Your Missouri Personal Auto Policy.

Below you will see a schedule of the payments for the policy term.

Conditional Payment Schedule*

June 12, 2017	\$209.80
July 12, 2017	\$209.80
August 12, 2017	\$209.80
September 12, 2017	\$209.80
October 12, 2017	\$209.80
Installment Fee Included per payment \$12.00	

Thank you for your Business!!!

Sincerely,

First Chicago Insurance Company and The Insurance House, LLC.

* The Conditional Payment Schedule shown has been printed for your convenience to prepare you for upcoming payment amounts and due dates. However, this schedule assumes that all payments have been made on time and no changes have been made to the policy. Any late payments and/or endorsements to the policy may affect your payment due date, as well as the amount due. Therefore, it is extremely important that you pay your premiums according to the billing invoice statements mailed to your address, which will always supersede the Conditional Payment Schedule.